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Royal College of Surgeons, Ireland, Dublin.

MONTHLY REPORT  
ON  
THE PROGRESS OF THERAPEUTICS.

*Edited for the Edinburgh Medical Journal.*

No. IV.—December 1874.

BY

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*Licentiate of the Royal College of Surgeons of Edinburgh ; Librarian to the Royal College  
of Surgeons in Ireland ; Honorary Member of the Ontario College of Pharmacy, etc.*

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## REPORT ON THE PROGRESS OF THERAPEUTICS.

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THE ELIMINATION OF DRUGS.—In the *Rép. de Pharm.*, 1873, and in the *Jl. de Thér.*, 25th February 1874, M. Bordier communicates papers on the teaching of Prof. Gubler, relative to the elimination of drugs. A drug begins to act therapeutically when it is deposited by the blood, either in the histological elements of the tissues, or in the secreting and excreting organs which open on a mucous surface. When a drug is administered by the mouth, it is subjected in its passage through the alimentary canal to the action of acids, alkalies, alkaline chlorides, oxygen, and sulphuretted hydrogen. It is then absorbed into the circulation, and subjected to the action of the blood, the albumen of which forms with insoluble salts, soluble albuminates. The albumen has the power of interfering with changes resulting from chemical affinity, and hence it is that acids, as gallic and tannic, can circulate in the blood without combining with its alkali. As a rule, a remedy is "masked" by albumen in the circulation, and only acts at its point of eliminating from the blood. Foreign substances introduced into the organism tend to rejoin their similars or analogues among the normal principles; sulphur, phosphorus, iron, etc., will tend towards sulphur, phosphorus, and iron respectively; selenium will tend towards the sulphur of the body, and arsenic towards phosphorus. A drug cannot be assimilated when it cannot meet with its similar or analogue. Bearing in mind that a drug is eliminated by that channel in which it meets with its similar or analogue, a knowledge of the chemical composition of the secretions will afford us valuable information as to the sphere of evacuation of drugs; thus, we can predict that sulphocyanide of potassium, soda, and neutral salts, will be eliminated by the *saliva*; soda, fatty acids, neutral fatty bodies, cholesterin, resin, and ferruginous pigment, by the *bile*; neutral salts, acids, water, fatty matter, and ferruginous pigment, by



the *urine*; casein, lactose, volatile fatty acids, butter, and neutral salts, by the *milk*; neutral salts, volatile and fatty acids, by the *perspiration*; and gases and vapours, by the *pulmonary exhalation*. Some substances, as arsenic, antimony, tin, bismuth, lead, mercury, silver, and gold, are found at their point of elimination in a chemical condition as yet unknown.

ACONITE IN HEADACHE.—Dr Fothergill advocates the use of aconite in congestive headache, attended with coldness of the extremities. Aconite dilates the peripheral bloodvessels, and thus relieves the congestion of the cerebral vessels.—*British Medical Journal*, 10th January.

ON THE ACTION OF FOOL'S PARSLEY.—Dr John Harley infers from his analysis of the so-called cases of *æthusa* poisoning that the symptoms described are in some wrongly, and in the remainder most unsatisfactorily, attributed to the action of *Æthusa cynapium*. He concludes from his observations that this is a harmless plant, does not contain the least trace of conia, and does not exert any therapeutic properties.—*St Thomas's Hospital Reports*, vol. iv.

AILANTHUS GLANDULOSA IN THE TREATMENT OF DYSENTERY.—M. Robert, the principal medical officer attached to the naval division of China and Japan, records the remarkable results he has obtained in the treatment of dysentery by the *ailanthus glandulosa*. He finds that in hot climates it gives results superior to those of ipecacuanha, calomel, and astringents, either with or without opium. The bark of the root is the part used; two ounces by weight of the bruised bark is infused in four ounces of water, and the infusion is filtered. A dessertspoonful of this is administered morning and evening for three days, great attention being given meanwhile to the diet.—*Archives de Méd. Navale*, and *New Remedies*, July.

THE THERAPEUTICAL EFFECTS OF ALCOHOL.—Prof. Binz deduces from his experiments that alcohol produces a threefold action. It diminishes the heat of the body, reduces putrid processes, and increases the action of the heart. As alcohol lowers the combustion, it diminishes the metamorphosis of the tissues, and hence decreases the urea and carbonic acid. Large and frequent doses of alcohol are necessary to maintain a lowered temperature in fever, but there are cases when the heart is weak, in which alcohol is a valuable antipyretic, while quinine is powerless.—*Journal of Anatomy and Physiology*, May.

ALCOHOL HYPODERMICALLY IN CANCER.—Dr Hasse injects pure alcohol, with one per cent. of ether added, into the *edges* of the growth. He believes that he thus obliterates the vessels, especially the lymphatics, which convey the infection, and causes atrophy of



the growth. The pain occasioned by the injection is severe, but lasts only about two hours, and is relieved by ice-bags. The injections are repeated every eight to fourteen days.—*Medicinische Central Zeitung*, 18th February.

THE USE OF ATROPIA IN PHTHISICAL SWEATING.—Dr James M. Williamson places on record the result of some experiments which have been made with atropia in sixteen cases under the care of Dr A. H. Hassall, at the Royal National Hospital for Consumption, Ventnor. The sulphate of atropia is best prescribed in pill, with extract of gentian; watery solutions are not to be depended upon, for they soon spoil by keeping. The first dose should in no instance be larger than one-eightieth of a grain. The remedy controlled the perspirations more or less in the whole sixteen cases; the effect was direct and permanent in four; direct, but temporary, in four; beneficial, but transitory, in seven; and inadmissible in one instance. In many of the cases the sweatings had extended over a period of several weeks, and had resisted all the ordinary methods of treatment.—*Lancet*, 25th July.

BROMIDE OF AMMONIUM IN CATAMENIAL EXCESSES.—Dr J. K. Black of Newark, Ohio, states that an essential rule to be observed in the administration of this remedy is to give it at least ten days before the expected period. If given during the crisis it will do little, if any, good.—*Cincinnati Lancet and Observer*, May.

THERAPEUTICAL EFFECTS OF BROMIDE OF POTASSIUM.—In cerebro-meningitis; in hyperæmia of the brain from excessive mental toil, especially when accompanied by insomnia; in puerperal eclampsia; and in the convulsions which frequently complicate the diseases of children, Dr A. M. Ragland has found the bromide of potassium of great value. The following is the formula which he recommends:—

Potassii bromidi,	.	.	℥i.
Tincturæ gelsemini,	.	.	i.
Tincturæ valeriani,	.	.	ʒij.
Syrupi simplicis,	.	.	ʒij.

To children under one year of age a teaspoonful of this mixture is given every hour until relief is obtained; it is then given less frequently.—*New Orleans Med. and Surg. Jl.*, May.

CALABAR BEAN IN THE TREATMENT OF TRAUMATIC TETANUS.—Mr John Cunningham records a case of traumatic tetanus occurring in a boy aged seven years, successfully treated by Calabar bean. For details, we refer to the *British Medical Journal*, 4th April. Mr Jalland attaches importance to the state of the pupils as an indication of the effect of the drug. He mentions a case of tetanus treated by Calabar bean, in which relaxation of the spasm



was coincident with contraction of the pupil.—*British Medical Journal*, 11th April.

PHYSIOLOGICAL AND THERAPEUTICAL RESEARCHES ON THE MONOBROMIDE OF CAMPHOR.—This is the title of a valuable paper communicated by Dr Bourneville to the *Practitioner* for August. The following are the deductions drawn by Dr Bourneville, from about forty experiments, as to the physiological actions of monobromide of camphor:—It diminishes the number of beatings of the heart, and determines contraction of the bloodvessels of the ears and eyelids. It diminishes the number of inspirations. It lowers the temperature in a regular and constant manner. It possesses undeniable hypnotic properties, and seems to act principally on the cerebral nervous system. It does not seem that the medicament is got accustomed to; and its protracted use determines rather rapid loss of flesh in cats and guinea-pigs. With regard to the therapeutics of monobromide of camphor, Dr Bourneville summarizes M. Deneff's case, which was the first in which this drug was employed as a nervine sedative, and which was the first publication on the subject. He also calls attention to Mr W. A. Hammond's paper on Monobromide of Camphor in the *New York Medical Journal*, May 1872. Dr Bourneville has successfully employed this medicament in cases of insomnia, and he believes that it will prove of great service in the treatment of cases of sleeplessness due to cerebral hyperæmia. He gave it in cases of paralysis agitans, and the modification observed consisted in diminution of agitation and slight increase of sleep. In a case of chorea the monobromide of camphor induced comparative calm. His experience of this drug in epilepsy and hystero-epilepsy was also encouraging. The following is the formula Dr Bourneville now uses:—

Monobromide of camphor, gr. ij.

Sugar, q. s., for converting into dragées.

For subcutaneous injection, he recommends — monobromide of camphor 45 grs., alcohol 9 drachms, and glycerine  $4\frac{1}{2}$  drachms. The punctures should be watched over, and not more than 30 or 40 drops should ever be injected into the same situation.

TEST FOR CARBOLIC ACID.—Most of the tests which have been proposed for the detection of carbolic acid are fallacious or unreliable. Jacquemin has, however, lately devised a test which is very delicate, and which will probably be extensively used. An equal weight of aniline and then of hypochlorite of soda is added to carbolic acid, a deep blue solution of erythrophenate of soda results, and this blue colour is changed to red by acids, owing to the setting free of erythrophenic acid; the blue colour reappears on saturation with an alkali.—*Pharm. Jl.*, 25th April, from *Rép. de Pharm.*

CARBOLIC ACID IN CHEESY PNEUMONIA.—Prof. Tommasi gives



a solution of one part of carbolic acid in forty of sweetened water in cases of cheesy pneumonia which have gone on to the formation of pulmonary abscess. Two very successful cases are recorded. The dose of the solution is half a gramme to a gramme at first.—*Gazzetta delle Cliniche*, 19th May, and *Lond. Med. Record*, 2d September.

PROPERTIES OF CHLORAL.—M. Faithorne finds that chloral hydrate when heated over a spirit lamp does not inflame. It dissolves carbolic acid, weakens the odour of it, and renders it more soluble in water. If it be mixed with glycerine, a crystalline substance will form in a few hours. If chloral hydrate be mixed with bichromate of potash, and warm nitric acid added, a blue colour will be produced which is changed to red by ammonia, to bluish-green by soda, and to blue by potash.—*Pharm. Jl.*, 24th January, and *Jl. de Pharm. et de Chimie*, January.

CHLORAL AND CAMPHOR.—Mr Lennox Browne communicates to the *British Medical Journal*, 7th March, his experience of a mixture of chloral and camphor as a topical application for the relief of pain. In every case in which he employed it he found that it afforded great relief, sometimes instantaneously. When equal weights of powdered camphor and crystallized hydrate of chloral are mixed, the mass becomes damp at first, and, finally, forms a syrupy fluid which is neutral to test paper. This mixture is soluble in alcohol and ether, but water converts it into a soft solid. When the mixture is to be applied, it is painted lightly over the part and allowed to dry. It may cause a sensation of tingling, but it does not blister.

CROTON-CHLORAL.—Dr Burney Yeo states that its effects vary greatly in individuals. In delicate females two or three grains may be sufficient for a dose, while ten grains may be required to produce effect in strong males. Dr Yeo recommends that in order to discover the tolerance of this drug in individuals, it should be given in small frequently-repeated doses.—*Lancet*, 31st January.

INHALATION OF ETHERIAL OILS IN THE TREATMENT OF CATARRH OF THE KIDNEY.—Dr Leopold Dittel records several successful cases. Inhalations of the etherial oil of pine were employed. The frequent micturition, pain, and sleeplessness were in all cases relieved.—*Schmidt's Jahrbücher der Gesammten Medicin*, 12th May.

EUCALYPTUS GLOBULUS AS A FEBRIFUGE AND EXPECTORANT.—In *Schmidt's Jahrbücher der Gesammten Medicin*, 12th May, is a paper by Dr H. Oeffinger on this subject. He uses the tincture and finds, with Dr Müller of Efringen, that, in intermittent fever, from 60 to 80 grammes, as a rule, will produce an antipyretic effect,



but sometimes 120 grammes are required. Dr Oeffinger is convinced from his researches of the value of this remedy; he concludes that it is often useful where quinine fails, and that, as a rule, quinine will fail when tincture of eucalyptus fails. Eucalyptus leaves no unpleasant after effects.

PURPURA URTICANS FROM INHALATION OF "FRIAR'S BALSAM."—In the *Lancet*, 7th February, a case is recorded in which a man inhaled the vapour of a drachm of compound tincture of benzoin two or three times daily, for some organic disease of the larynx. One evening he was suddenly attacked by an eruption of purpura urticans over almost the entire surface of the body. Within twenty-four hours the eruption began to fade.

IODINE IN THE TREATMENT OF CONSTITUTIONAL SYPHILIS.—Prof. Zeissl is of opinion that preparations of iodine will cure the early symptoms of syphilis. In some cases a few mercurial frictions are requisite. Affections of mucous membranes of mouth and pharynx yield more rapidly to iodine than to mercury. Iodoform is a most valuable application in torpid syphilitic ulcers; and it may be given internally in two or three grain doses, in pills, for the relief of syphilitic neuralgia.—*Med. Times and Gazette*, 31st Jan., from *Wien. Med. Wochenschrift*, Nov. 1873.

IODIDE OF POTASSIUM IN THE TREATMENT OF ACUTE AND CHRONIC BRONCHITIS AND ASTHMA.—Mr W. H. Spurgin writes to the *British Medical Journal*, 5th September, that he has tried iodide of potassium in over a hundred cases of these affections with almost invariable success. He usually prescribes it with carbonate of ammonia, and, when the cough is very troublesome, with tincture of belladonna and ipecacuanha wine.

ON IPECACUANHA SPRAY IN WINTER COUGH AND BRONCHITIC ASTHMA.—Dr Sydney Ringer and William Murrell write on this subject in the *Lancet*, 5th September. The ordinary spray-producer was used, with ipecacuanha wine pure or variously diluted. The patient soon becomes accustomed to it, and inhales the spray freely into the lungs. In order to insure as far as possible the topical effects only of the spray, the patient should be directed to spit out and even to rinse the mouth at each pause in the administration. If this precaution is not adopted, sometimes enough is swallowed to excite nausea and even vomiting. A protracted inhalation may excite vomiting. As a rule, the patient at first will bear from twenty squeezes of the spray without nausea, and will soon bear much more. The inhalation should be used daily at first, and in bad cases twice or thrice in the day. In cold weather the wine should be warmed. Several cases are recorded in which this mode of treatment proved remarkably efficacious. In adminis-




tering the spray, the patient should be directed to close his nostrils with his fingers and to breathe deeply.

MERCURY IN SYPHILIS.—In a pamphlet recently published, Dr R. S. Sisson has endeavoured to show from his experiments at the Royal General Dispensary that there is no cure for syphilis except mercury. He has also sought to prove that the anti-mercurialists do not withhold mercury in every case, and that even Fricke of Hamburg, in what he called a “non-mercurial” period, often employed corrosive sublimate baths.







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